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**To: U.S. Patent and Trademark Office****Facsimile: (703) 872-9306****From: James J. Mullen, III, Ph.D. – Reg. No. 44,957****Date: May 17, 2004**

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**Comments:**

ATTORNEY DOCKET: 219002031500  
GROUP ART UNIT: 1646  
EXAMINER: O. Chernyshev  
SERIAL NO.: 09/754,949  
FILING DATE: January 4, 2001  
INVENTOR(S): Justin MCCARTHY et al.  
TITLE: METHODS FOR IDENTIFYING INHIBITORS OF NEURONAL DEGENERATION

**Papers Attached:**

1. Transmittal (1 page)
2. Revocation of Power of Attorney and New Power of Attorney (2 pages)

PTO/SB/21 (08-03)

Approved for use through 07/31/2008, OMB 0551-0031  
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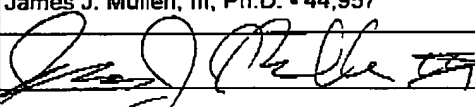
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/754,949
		Filing Date	January 4, 2001
		First Named Inventor	Justin MCCARTHY
		Art Unit	1646
		Examiner Name	O. Chernyshev
Total Number of Pages in This Submission	3	Attorney Docket Number	219002031500

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney and New Power of Attorney (2 pages)
Remarks: _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25225) James J. Mullen, III, Ph.D. - 44,957
Signature	
Date	May 17, 2004

I hereby certify that this correspondence is being facsimile transmitted to the U.S. patent and Trademark Office, facsimile no. (703) 872-8306, on the date shown below:

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